



Alameda County Board of Supervisors
Personnel, Administration, and Legislation (PAL) Committee
LEGISLATIVE POSITION REQUEST FORM

Submission deadline is noon on the Monday two weeks prior to the PAL meeting.
 See FAQ for additional instructions.

Title (Bill/Reg. No., Bill/Reg. Title, Author):		AB 1168 (Bennett): Emergency medical services (EMS): prehospital EMS		
Version (Date amended):		04/19/23		
Position Requested:		Oppose		
Current Status of Bill/Regulation (Has the bill been referred to committee, or set for hearing? If so, when and what committee? Next hearing?) (Where relevant include comment period dates/deadlines):		4/26/23 A-APPR		
Alignment with Vision 2026:	Shared Visions <input type="checkbox"/> Thriving & Resilient Population <input type="checkbox"/> Safe & Livable Communities <input checked="" type="checkbox"/> Healthy Environment <input type="checkbox"/> Prosperous & Vibrant Economy	10X Goals <input type="checkbox"/> Employment for All <input type="checkbox"/> Eliminate Homelessness <input type="checkbox"/> Eliminate Poverty and Hunger <input type="checkbox"/> Crime Free County <input checked="" type="checkbox"/> Healthcare for All <input type="checkbox"/> Accessible Infrastructure	Operating Principles <input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Equity <input type="checkbox"/> Fiscal Stewardship <input type="checkbox"/> Innovation <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Access	
Alignment with Legislative Platform (i.e. "issue"/plank or N/A if not in legislative platform)		Emergency Medical Services: Support adequate funding for Local Emergency Medical Services Agencies (LEMSA) and legislation or regulatory measures that preserve County and LEMSAs governing authority and medical control of the EMS systems, and safeguard against system fragmentation and patient safety issues. Promote policies that support innovation and flexibility for LEMSAs to serve their populations.		
Summary (Summary of item, use Legislative Counsel's Digest, Bill Analysis, or Bill Summary):				
<p>Existing law, the Emergency Medical Services System, and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems and authorizes each county to develop an EMS program and designate a local EMS agency. Existing law requires a county to enter into a written agreement with a city or fire district that contracted for or provided prehospital EMS as of June 1, 1980. Existing law requires, until that written agreement is reached, prehospital EMS to be continued at not less than the existing level and the administration of prehospital EMS by cities and fire districts contracting for or providing those services as of June 1, 1980, to be retained by those cities and fire districts.</p> <p>This bill would require a city or fire district that provided, as of June 1, 1980, prehospital EMS, to be deemed to retain its authorities regarding, and administration of, the prehospital EMS when a city or fire district provides the prehospital EMS as part of an agreement with a county for the joint exercise of powers regarding prehospital EMS entered into on or before December 31, 2022, or that ceased to contract for, provide, or administer prehospital EMS as a result of a judicial finding, as specified, or that is, as of January 1, 2024, providing prehospital EMS pursuant to statute and enters into an agreement with a county for joint exercise of powers regarding prehospital EMS. The bill would state the Legislature's intent that a city's or fire district's entry into a written agreement with a county for the joint exercise of powers regarding prehospital EMS, as described, does not make the city or fire district ineligible to contract with a county, as described above, or result in the transfer, termination, relinquishment, or extinguishment of that city's or fire district's authorities regarding, or administration of, prehospital EMS, and to abrogate contrary judicial holdings.</p> <p>Existing law defines "exclusive operating area" as an EMS area or subarea defined by the emergency medical services plan for which a local EMS agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers, as specified. Existing law authorizes a local EMS agency to create one or</p>				



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more exclusive operating areas in the development of a local plan if a competitive process is utilized to select the provider or providers of the services pursuant to the plan.

This bill would require the local EMS agency, if a city’s or fire district’s assertion of its authorities regarding, and administration of, the prehospital EMS causes a local EMS area to no longer satisfy the requirements for an exclusive operating area as mentioned above, to provide a right of first refusal to the exclusive operating area’s designated providers to continue providing services in a new exclusive operating area comprised of the remainder of the local EMS area outside of the city or fire district, which would be deemed an exclusive operating area created without a competitive process. The bill would authorize the county to provide prehospital EMS, including emergency ambulance services, as specified, in the remainder of the local EMS area on an exclusive or nonexclusive basis if the designated providers decline to continue services. The bill would require the city or fire district asserting its authorities regarding, and administration of, the prehospital EMS to enter into an agreement with the county to provide prehospital EMS, including emergency ambulance services, within the remainder of the local EMS area on an exclusive basis, as specified, if the county determines that the service options mentioned above are not economically viable. The bill would require the parties developing contracts pursuant to these provisions to collaborate on response time standards for the local EMS area, and would require those standards to meet or exceed the response time standards previously established by the local EMS agency for that area. By creating new duties for local EMS agencies, the bill would impose a state-mandated local program.

The bill would become operative only if AB 716 of the 2023–24 Regular Session is enacted and takes effect on or before January 1, 2024.

Background of Bill:

- | | |
|--|--|
| <input checked="" type="checkbox"/> New bill | <input type="checkbox"/> Previously Introduced |
| <input checked="" type="checkbox"/> Amended | <input type="checkbox"/> Clean-Up Bill |
| <input type="checkbox"/> Gut and Amend | <input type="checkbox"/> Urgency Clause |
| <input type="checkbox"/> Similar to other current bills we have positions on | |

Seeking Amendments?

No

Previous Legislation:

SB 443 (Hertzberg) of 2022, would have required a city or fire district to be deemed to retain its authorities regarding, and administration of, prehospital EMS, when they enter an agreement with a county for the joint exercise of powers regarding prehospital EMS, or cease to contract for, provide, or administer prehospital EMS as a result of *City of Oxnard v. County of Ventura (2021)* [Oxnard]. States that it is the intent of the Legislature to clarify the scope and breadth of medical control, restrict local EMS agencies’ (LEMSAs) medical control authority over public safety agencies, clarify that a public safety agency does not transfer any of the public safety agency’s authorities regarding the administration of EMS by adhering, or agreeing to adhere, to a LEMSA’s medical control authority, and abrogate any contrary holdings in *County of San Bernardino v. City of San Bernardino (1997)* 15 Cal.4th 909 (San Bernardino) and other judicial decisions. SB 443 was not heard in the Assembly Health Committee.

If YES, attach amendments.

Do all other impacted agencies/departments concur?

Yes

If YES, list each department and contact person. If NO, see FAQ.

William McDonald, Fire Chief, Alameda County Fire Department



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Potential State/Federal Fiscal Impacts (include \$ estimate):	Unknown.
Potential Net County Cost Impacts (include \$ estimate):	Significant increase of county staff hours will be needed to redo ambulance ordinance and contracts, resulting in increased costs to the EMS Agency.
Fiscal Impact:	
<input type="checkbox"/> Adds revenue <input type="checkbox"/> Cost savings <input type="checkbox"/> New/increased fees to offset costs <input type="checkbox"/> Includes appropriation <input type="checkbox"/> Redirects resources <input type="checkbox"/> Changes fines/penalties	<input checked="" type="checkbox"/> Unfunded mandate <input type="checkbox"/> Additional costs <input type="checkbox"/> Reduces or reduces fees <input type="checkbox"/> Minor impact – program absorption <input type="checkbox"/> None of the above
Potential Impacts to County Residents (Include specific data):	
<p>With the passage of the Emergency Medical Services Act in 1980, California created a framework for a two-tiered system of EMS governance through both the state Emergency Medical Services Authority (EMSA) and LEMSAs. Counties are required by the EMS Act to create a local EMS system that is timely, safe, and equitable for all residents. To do so, counties honor .201 rights and contract with both public and private agencies to ensure coverage of underserved areas regardless of the challenges inherent in providing uniform services throughout geographically diverse areas.</p> <p>AB 1168 seeks to overturn an extensive statutory and case law record that has repeatedly affirmed county responsibility for the administration of emergency medical services and with that, the flexibility to design systems to equitably serve residents throughout our jurisdiction. As drafted, cities and fire districts could opt to back out of longstanding agreements with counties; counties would then be forced to open already complex ambulance contracting processes while scrambling to provide continued services to impacted residents. This measure could create an inequitable, fragmented system where well-resourced cities or districts will be able to provide robust services and disadvantaged communities, with a less lucrative payer mix for ambulance reimbursement, will have a patchwork of providers. As a result, there is the potential risk of inadequate EMS services in cities with less lucrative payer mix where city fire department and private providers decline to provide ambulance services.</p>	
Potential Impacts to County Programs, Services, Operations or Departments (Be specific):	
<p>While recent amendments to this bill seek to narrow the intent of the bill, AB 1168 would allow a city or fire agency to deem themselves a .201 entity moving forward. As underscored in several court cases, the EMS Act intended Section 1797.201 to be “transitional” for cities and fire agencies that were providing EMS services on June 1, 1980, to do so until they ceded the provision of those EMS services to the county through agreements. Section 1797.232, as drafted in AB 1168, would now allow any city or fire agency that has entered into an agreement with a county to now be “deemed” to retain its .201 authorities under three scenarios: those entering an agreement with a county, those who entered a joint exercise of powers agreement (e.g.: Oxnard, where the court fundamentally disagreed the city was a .201 entity), and those that are providing prehospital EMS services as of January 1, 2024. This creates a disorganized and potentially chaotic system where cities and fire agencies can enter and leave existing agreements at will, reversing the intent of the EMS Act, which was intended to organize a fragmented system and ensure equitable and consistent ambulance coverage to communities.</p> <p>AB 1168 undoes years of litigation and agreements between cities and counties regarding the provision of emergency medical services and as drafted causes a great deal of uncertainty for counties who are the responsible local government entity for providing equitable emergency medical services for all of their residents. AB 1168 also creates a convoluted process for counties to navigate to ensure EMS services throughout the entire jurisdiction. As drafted, cities and fire districts could opt to back out of longstanding agreements with counties; counties would then be forced to open</p>	



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up already complex ambulance contracting processes while scrambling to provide continued services to impacted residents.

Reporting Requirements:

- | | |
|--|---|
| <input type="checkbox"/> Requires one-time report/study | <input type="checkbox"/> Requires new reporting form(s) |
| <input type="checkbox"/> Requires annual report | <input type="checkbox"/> Requires amended reporting form(s) |
| <input checked="" type="checkbox"/> No reporting requirement | |

List Known Supporters:

California Fire Chiefs Association
California Professional Firefighters
City of Hanford Fire Department
City of Oceanside
City of Oxnard
City of Ukiah
Clovis Fire Department
League of California Cities
Oxnard Firefighters Local 1684
Sanger Fire Department
Southern Marin Fire Protection District
Ventura City Firefighters Association Local 3431
Ventura County Professional Firefighters Association Local 1364

List Known Opposition:

9-1-1 Ambulance Provider's Alliance
Ambulance Association of Orange County
American Ambulance
American Federation of State, County and Municipal Employees, AFL-CIO
American Medical Response West
Association of California Healthcare Districts
Bell's Healdsburg Ambulance Service
Board of Supervisors County of Tuolumne
Butte County Administration
California Ambulance Association
California State Association of Counties (CSAC)
Calstar Air Medical Services
Contra Costa County
County Health Executives Association of California (CHEAC)
County of Fresno
County of Kern
County of Kings
County of Lassen
County of Madera
County of Merced
County of Modoc
County of Monterey
County of Napa
County of Nevada
County of Placer
County of Plumas
County of Sacramento



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	County of San Bernardino County of Shasta County of Tulare County of Ventura County of Yolo Covalent Health Desert Ambulance Service, INC. Emergency Medical Services Administrators' Association of California (EMSAAC) EMS Medical Directors Association of California (EMDAC) Gold Coast Health Plan International Association of EMTs and Paramedics Lifewest Ambulance Los Angeles County Ambulance Association Mariposa County Board of Supervisors Maxcare Ambulance Medic Ambulance North Coast EMS Northern California Ems, INC. Riggs Ambulance Rural County Representatives of California (RCRC) San Joaquin County Emergency Medical Services Agency San Mateo County Board of Supervisors Sierra - Sacramento Valley EMS Agency Sierra County Board of Supervisors Trinity County Board of Supervisors Tuolumne County Board of Supervisors Urban Counties of California (UCC)
Requestor (who is asking for the County to take a position? e.g., agency/dept., association, organization)	
Alameda County Health Care Services Agency	
Approved by Department Head (Name/Date):	Colleen Chawla, Agency Director, Alameda County Health Care Services Agency – 5/3/23
Submitter (Name, Title, Dept.):	Eileen Ng, Policy Director, Alameda County Health Care Services Agency
Submission Date:	5/3/23
CAO Analyst:	Peilin Chen & Razilee Tadeo
Additional Comments:	Click or tap here to enter text.

For Internal CAO Use Only:					
Date Received:	Click or tap here to enter text.	Date to Analyst:	Click or tap here to enter text.	Date from Analyst:	Click or tap here to enter text.
Target PAL date:	Click or tap here to enter text.	CAO recommendation:	Click or tap here to enter text.		